

CITY OF ELGIN

P. O. BOX 128
ELGIN, OREGON 97827

Phone 437-2253

December 2, 1986

Rick Craiger
Executive Department
155 Cottage Street NE
Salem, Oregon 97310

Re: Amendment of Technical Assistance grant applications.

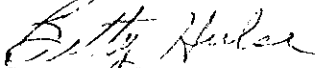
Dear Rick,

This is a request to change our technical assistance grant applications, changing the national objective from low/moderate income persons to slums and blight.

The supporting statement for slums and blight is enclosed as well as photographs to illustrate deteriorating conditions. Please amend our applications with this new statement.

Sincerely

CITY OF ELGIN



Betty Hulse
City Recorder

DESCRIPTION OF NATIONAL OBJECTIVE

The City of Elgin Sanitary Sewer System Improvement Project meets National Objective No.2 "Aid in the prevention or elimination of slums and blight". The Elgin project specifically meets the provisions of Federal Register, volum 48, N186 September 23, 1983, 570.901 (b) (2) (ii) "Activities outside a slum or blighted area."

Under this section activities which rehabilitate specific conditions of physical decay that are detrimental to public health and safety qualify. In Elgin the existing sewer lines are not adequate to handle winter conditions, snow melt and high ground water table causing infiltration of the system. The present treatment lagoon is not able to properly treat and handle the increased stress to the system causing the Elgin system to be below DEQ standards. The flooding caused by the inadequate system has backup water from the sewer system flowing out of the system creating a potential public health and safety concern.

The Elgin sewer project meets the State's definition of slum and blighted area under condition (1) (e) "The existence of inadequate streets, and other rights-of way, open spaces and utilities." The treatment lagoon and undersized sewer lines are clearly the existence of inadequate utilities. The problem is city-wide, therefore meeting the condition (2) "Blighted areas must be located where there is a substantial number of deteriorating or dilapidated buildings or improvements throughout the area."

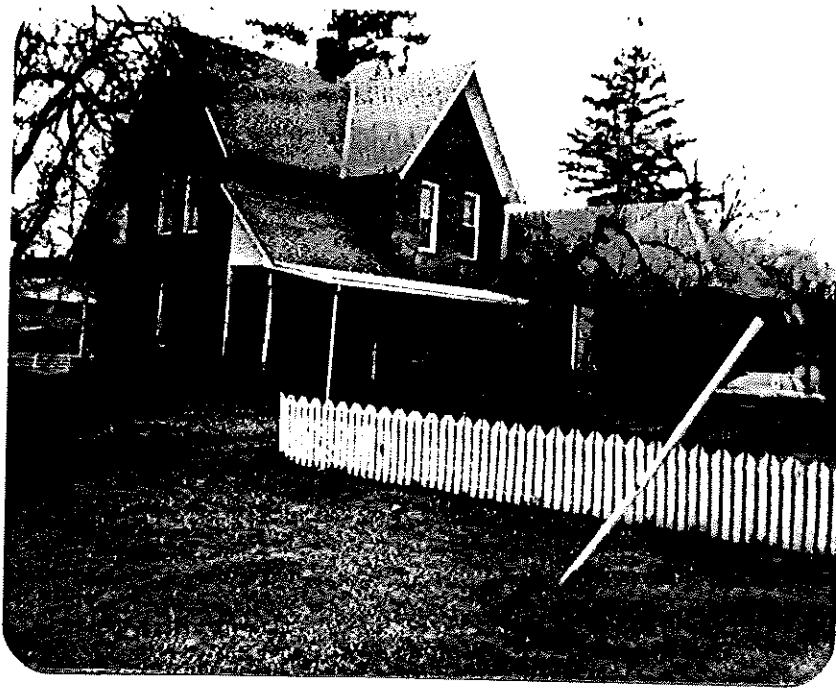
The project is confined to the City limits.

See attached photos for illustration of existing street conditions and age of residential and commercial buildings.

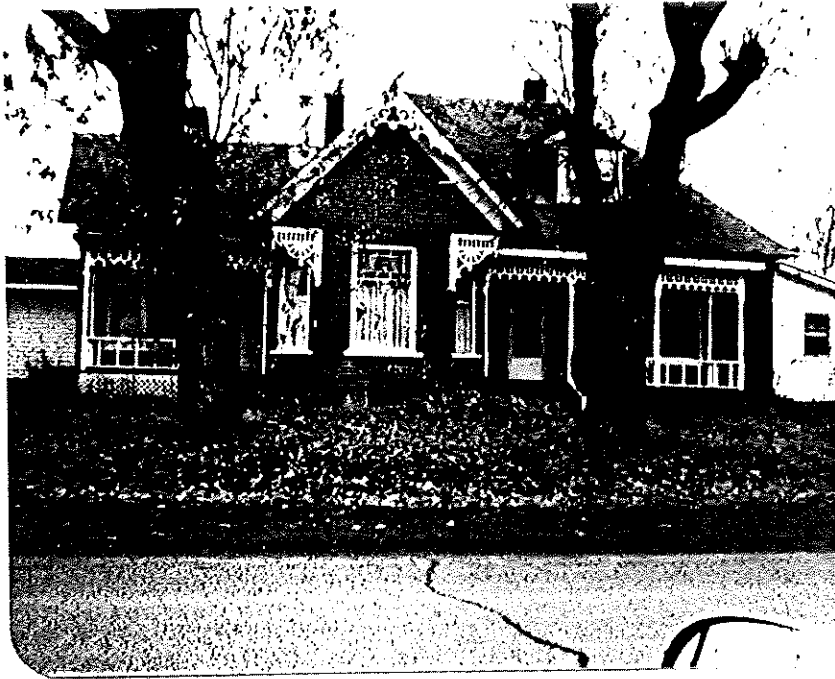
See the attached photographs that illustrate the age of the residential and commercial buildings in Elgin - - 75% are pre-1940. The commercial buildings of stone and brick were built in the early 1900's.

Also included are photos of the deteriorating street conditions under additional stress of spot flooding and lack of proper drainage system.







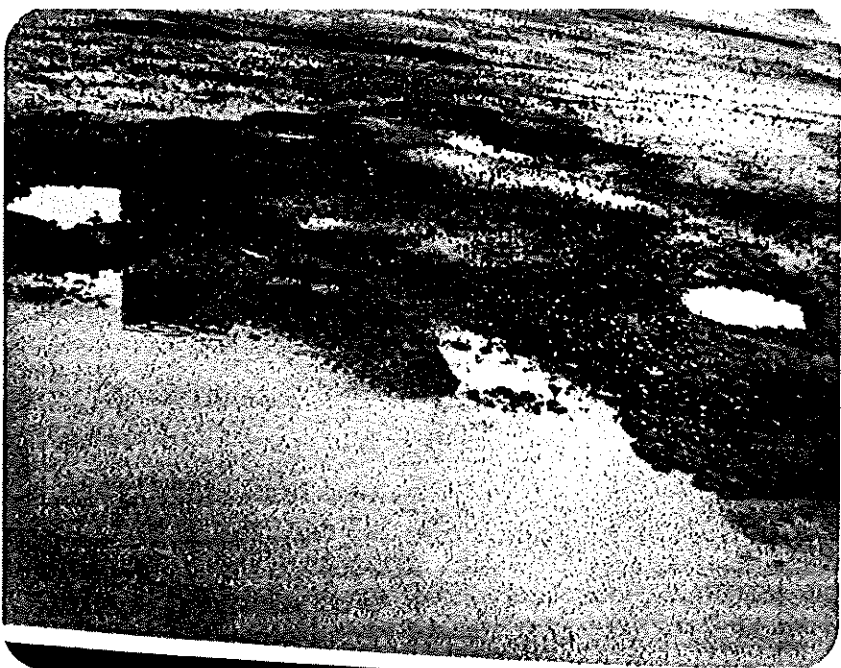












Community Development Program

B. Grant Number: 85-507-TA

Certificate of Completion

Project Title: Intergrated sewer project

C. Final Statement of Cost

To Be Completed by Recipient

Program Activity Categories (a)		Original OCD Budget (b)	OCD Paid Costs (c)	Other Paid Costs (d)	Total Costs Column C & D (e)
C-1 Property Acquisition, Disposition, Clearance	985.560				
C-2 Senior Center/Community Facility	985.561				
C-3 Water, Sewer, Flood and Storm Drainage Facilities					
a. water improvements	985.562				
b. sewer improvements	985.563				
c. flood/storm drainage facilities	985.564	8500	8500		8500
C-4 Streets	985.565				
C-5 Other Public Fac. (solid waste, street light, etc.)	985.566				
C-6 Public Services (housing, counseling, etc.)	985.567				
C-7 Interim Assistance/Code Enforcement	985.568				
C-8 Relocation Assistance	985.569				
C-9 Housing Rehabilitation					
a. owner occupied rehabilitation	985.570				
b. rental occupied rehabilitation	985.571				
c. Program Management					
1. direct services (housing rehab., LID formation)	985.572				
2. contractual services (eng., architect., legal)	985.573				
3. capital outlay	985.574				
C-10 Public Housing Modernization/Removal of Arch. Barriers	985.575				
C-11 Planning only	985.576	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
C-12 Grant Administration/Audit					
a. personal services/indirect charges	985.577				
b. contractual services (COG, etc.)	985.578				
c. rent, utilities, operating expenses	985.579				
d. audit	985.580				
e. capital outlay, equipment, furnishings	985.581				
C-13 Assistance to For-Profit Entities (Bus. Deve.-Jobs)	985.582				
C-14 Contr. Services for Capital Projects (#2,3,4,5,9,10,13)	985.583				
C-15 Other (Specify)	985.584				
C-16 Total Program Cost (lines C-1 through C-15)					
C-17 Less Program Income applied to Program Costs			XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
C-18 Total Amount applied to Program Costs		8500	8500		8500

D. Computation of Grant Balance

Grant Funds Balance

(f)	Amount (g)
D-1 Grant Amount Applied to Program Costs (from Line C-15 col(c))	
D-2 Grant Amount per Grant Agreement(s) (from Line C-15 col (b))	8500
D-3 Unutilized Grant to be Cancelled (Line D-2 minus D-1)	
D-4 Grant Funds Received (from Line C-15 col (c))	8500
D-5 Balance of Grant Payable (Line D-1 minus D-4*)	-0-

* If Line D-4 exceeds Line D-1, enter the amount of the excess on Line D-5 as a negative amount. This amount shall be repaid to IRD by check.

E. Unpaid Costs and Unsettled Third-Party Claims

List any unpaid and unsettled third-party claims against the recipient's grant. Describe circumstances and amounts involved.

// Check if continued on additional sheet and attach.

F. Proposed Accomplishments and Results

PROPOSED ACCOMPLISHMENTS	RESULTS ACHIEVED
1. A plan for storm sewers	Received a workable plan
2. A plan for sanitary sewage system to Industrial Area.	Received same
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

// Check if continued on additional sheet and attach.

G. Remarks

This study showed our most urgent needs, and further grant applications will be to complete the goals established in the study.

H. Certification of Recipient

It is hereby certified that all activities undertaken by the Recipient with funds provided under the grant agreement identified in this report, have, to the best of my knowledge, been carried out in accordance with the grant agreement; that proper provision has been made by the Recipient for the payment of all unpaid costs and unsettled third-party claims identified hereof, that the State of Oregon is under no obligation to make any further payment to the Recipient under the grant agreement in excess of the amount identified on Line D-5 hereof; and that every statement and amount set forth in this instrument is, to the best of my knowledge, true and correct as of this date.

Date	Typed Name and Title of Highest Elected Official	Signature of Highest Elected Official
12/3/86	Shirley Jean Cowan	<i>Shirley Jean Cowan</i>

I. IRD Approval

This Certification of Completion is hereby approved. Therefore, I authorize cancellation of the unutilized contract commitment and related funds reservation and obligation of \$ 8500, less \$ _____ previously authorized for cancellation. (From Line D-5)

Date	Name of IRD Administrator	Signature of IRD Administrator
12/2/86	Betty Hulse	<i>Betty Hulse</i>

PROJECT COMPLETION REPORT

Instructions

This report must be filled out and submitted to Intergovernmental Relations Division (IRD). You are not required to report compliance with federal labor standards and financial management requirements on this form. IRD will monitor for compliance with these requirements and other overlay regulations in the field. If you have questions about the use of this form, call your project manager.

Part A - NARRATIVE

Attach a brief narrative containing a description of the project, how successful it was and any public comments received.

Part B - PROPOSED ACCOMPLISHMENTS, RESULTS, BUDGET

Fill in the following:

Proposed Accomplishments	Original Budget	Final Results	Final Budget
a storm sewer plan	8500	Jade study completed	8500
		outlining plan	

Part C - COMPLIANCE WITH MONITORING FINDING/CONCERNS

Attach a description of steps taken to comply with findings or concerns raised by IRD during the monitoring of your grant. Include appropriate documentation.

Part D - EQUAL EMPLOYMENT OPPORTUNITY

Attach a copy of your most recent State and Local Government Employment Report (EEO-4). If you do not routinely file an EEO-4, fill out form E -2 (page 393 of this handbook) and enclose it with this report.

Part E - PROGRAM BENEFICIARIES

1. Describe procedure(s) used to obtain information about program beneficiaries. (i.e., housing loan recipients, job recipients, public works users)
2. Summarize characteristics of program beneficiaries. Distinguish between direct and indirect beneficiaries. At a minimum describe their race, sex and income characteristics.

Part F - DISPLACEMENT AND RELOCATION

Attach a narrative description of any persons displaced by the OCD project and your efforts in their relocation. N/A

Part G - PROPERTY

Itemize real and personal property acquired in whole or part with funds from this program in the following list: (See OMB Circular A-102 Attachment N for definitions). N/A

Real or Personal Property	Serial Number	Acquisition Cost	Use	Location

CERTIFICATION

I certify that, to the best of my knowledge: (1) all information in this report (including all attachments) is valid and accurate and (2) I have complied with all applicable state and federal requirements as noted in the Grant Agreement.

Signature *S. Jean Cousin*
Highest Elected Official
Title *Mayor*
Date *12/2/86*